PRINTED: 09/12/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		445166	B. WING			R 09/09/2019	
	PROVIDER OR SUPPLIER	CHLAND PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205	, ,,,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILITION DEFICIENCY)	D BE	(X5) COMPLETION DATE	
{K 000}	conducted by the S of Health Division of Regulations Office 09/09/2019. During survey, The Health found in substantial requirements for pa Medicare/Medicaid Life Safety from fire Protection Associat (2012 Edition) No new non compli	ollow up survey was tate of Tennessee Department of Health Licensure and of Health Care Facilities, on this life safety follow up Center @ Richland Place was I compliance with the	{K 0)0)}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		445166	B. WING	B. WING		R 09/09/2019	
NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	1 031	03/2013
	LTU OFNITED AT DIC	NIII AND DI AGE		504	ELMINGTON AVENUE		
THE HEA	LTH CENTER AT RIC	CHLAND PLACE		NAS	SHVILLE, TN 37205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMEN		{K 00	00}			
	Construction Type: Constructed: appro Fully Sprinkled: Yes Waivers: No Census: 106 Certified beds: 107	oximately 1992 s					
	Monitoring Survey for Medicare & Med 07/11/2019 following Health & Environmenthis Comparative For Health Center at Risubstantial compliance participation in Med Subpart 483.70(a) Fire, and the relate Association (NFPA of NFPA 101 Life Solution Interim Amendmentand TIA 12-4 and the Health Care Facilities Amendments TIA 112-4, TIA 12-5, and A follow up survey Tennessee Departr During this follow up to the compared to the compare	y was conducted by the ment of Health on 9/9/2019. p survey no new non und and all deficencies cited					
ABOBATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	VATURE		TITLE		(X6) DATE

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PRINTED: 07/13/2019 FORM APPROVED

OMB NO. 0938-0391

THE RESERVE AND ADDRESS OF THE PARTY OF THE	STATEMENT OF DEFICIENCIES AND PLANDE CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
P	C#1	445166	B. WNG		· ·	07	/11/2019
NAME OF P	ROVIDER OR SUPPLIER	NULL DATE OF THE PROPERTY OF T	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
THE HEAD	THE HEALTH CENTER AT RICHLAND PLACE				04 ELMINGTON AVENUE		
THE HEAL				N	ASHVILLE, TN 37205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		K	000			
SS=D	for Medicare & Medica 07/11/2019 following a Health & Environment this Comparative Fede Health Center at Richlasubstantial compliance participation in Medica Subpart 483.70(a) 483 Fire, and the related N Association (NFPA) purification of NFPA 101 Life Safet Interim Amendments T and TIA 12-4 and the 2 Health Care Facilities of Amendments TIA 12-1 12-4, TIA 12-5, and TIA Portable Space Heater CFR(s): NFPA 101 Portable Space Heater Portable space Heater Portable space Heater 212 degrees Fahrenhe 18.7.8, 19.7.8 This REQUIREMENT	mparative Federal sconducted by the Centers id Services (CMS) on Tennessee Department of survey on 06/10/2019. At a ral Monitoring Survey The and Place was not found in with the requirements for re/Medicaid at 42 CFR .70(b), Life Safety from ational Fire Protection blications, the 2012 edition by Code and Tentative IA 12-1, TIA 12-2, TIA 12-3 .0012 edition of NFPA 99 .000 and Tentative Interim TIA 12-2, TIA 12-3, TIA .71-6.	K 7	81	Please see attack		
AROBATORY	IDECTOR'S OR MOVIDEDIS	PPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(XB) DATE

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Facility ID: TN1910

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

	DE AN OF CORRECTION IN INCOME.			IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		445166	B. WNG		07/	/11/2019
	PROVIDER OR SUPPLIER ALTH CENTER AT RICHLA	ND PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 604 ELMINGTON AVENUE NASHVILLE, TN 37205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 920 SS=D	by: Based on observation the survey, the facility space heating devices elements of such devidegrees Fahrenheit (1 NFPA 101-2012 Edition The deficient practice smoke compartments. Findings include: On 07/11/2019 at 10:00 It was observed, two sin Nursing Charting Office provide documentation did not exceed 212 de The Maintenance Dire when the deficiencies Electrical Equipment - CFR(s): NFPA 101 Electrical Equipment - Extension Cords Power strips in a patient used for components of patient-care-related electronics (PCREE) assembles the published personnel 10.2.3.6. Power strips may not be used for not electronics), except in rooms that do not use PCREE meet UL 1363 strips for non-PCREE in the such devices and the survey of the survey	n and staff interview during failed to provide portable s where the heating ces do not exceed 212 00 degrees Celsius): nn, Sections 19.7.8 affect one room in four 0 a.m., pace heaters was present fice. The facility did not a that the heater element grees Fahrenheit. ctor Assistant was present was identified. Power Cords and Extens Power Cords and nt care vicinity are only of movable	K 92		ed	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/13/2019 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445166 B. WNG 07/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **504 ELMINGTON AVENUE** THE HEALTH CENTER AT RICHLAND PLACE NASHVILLE, TN 37205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 1D (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) K 920 Continued From page 2 K 920 care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview during the survey, the facility failed to maintain the use of power strips per the requirements of: NFPA 99-2012 Edition, Sections 10.2.3.6, 10.2.4 NFPA 70 400-8, 590.3(D) The deficient practice affects one room in four smoke compartments. Findings include: On 07/11/2019 from 9:00-9:50 a.m., It was observed in Resident Room 316 a sleep apnea machine was plugged into power strip. In Resident Room 333 a breathing treatment machine was plugged into power strip. The Maintenance Director Assistant was present when the deficiencies was identified.

<u>Plan of Correction: K 920 – Electrical Equipment – Power Cords</u> and Extension Cords

What corrective action will be accomplished for those residents found to have been affected by the deficient practice?

The sleep apnea machine in room 316 was immediately unplugged from the power strip and plugged into the wall outlet. The breathing treatment machine in room 333 was immediately unplugged from the power strip and plugged into the wall outlet.

How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken?

All rooms have been checked to ensure PCREE are plugged into the wall outlets and not plugged into power strips.

What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?

Maintenance Director or designee will audit patient rooms quarterly to ensure EPCREE are plugged into the wall outlets and not plugged into power strips.

How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?

Maintenance Director or designee will report the quarterly room audit findings to the QA committee.

Completion Date: 7/12/2019

Plan of Correction: K 781 - Portable Space Heaters

What corrective action will be accomplished for those residents found to have been affected by the deficient practice?

The two space heaters in the Nursing Charting Office were immediately removed.

How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken?

All areas of facility were checked for space heaters and were removed.

What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?

Maintenance Director or designee will research and attempt to purchase space heaters to be used in nonsleeping and employee areas where the heating elements do not exceed 212 degrees Fahrenheit. If unable to locate and purchase space heaters with proper documentation of not exceeding 212 degrees Fahrenheit, Maintenance Director or designee will audit patient areas and employee areas quarterly to ensure improper space heaters are not in use.

How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?

Maintenance Director or designee will report the quarterly room audit findings to the QA committee.

Completion Date: 7/12/2019

PRINTED: 07/13/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) D/	NTE SURVEY MPLETED
		445166	B. WNG			7/11/2019
	ROVIDER OR SUPPLIER LTH CENTER AT RICHLA	ND PLACE	504	EET ADDRESS, CITY, STATE, ZIP COD ELMINGTON AVENUE SHVILLE, TN 37205	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
E 000	survey was conducted Stale Agency Annual Survey conducted 06/	ergency Preparedness d on 07/11/2019, following a Emergency Preparedness 10/2019. The facility was empliance with 42 CFR for Long Term Care		PROVED obby Cobb at 6:52	am, Jul 24	4, 2019
BODATORY D	pectopie op pphymebier	IPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

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		AND HUMAN SERVICES & MEDICAID SERVICES	45th	day /70th	PRINTED: (FORM A OMB NO. (PPROVE
ATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	PLE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE SURVE COMPLETED	
P()(#1	445166	B. WING		06/10	0/2019
	PROVIDER OR SUPPLIER	CHLAND PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205		
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	Stories: 5 (Long to floors) Type: II No Plans Available Constructed: 1992 Sprinkled: Yes Census: 105	erm care occupies 2 of these		n ® n		==
	State of Tennessee Division of Health L Office of Health Ca During this life safe @ Richland Place compliance with the in Medicare/Medica 483.70(a), Life Safe	urvey was conducted by the Department of Health Licensure and Regulations are Facilities, on 06/10/2019. Buty survey, The Health Center was found not in substantial are requirements for participation aid at 42 CFR Subpart Bety from fire, and the related action Association (NFPA)				
K 353 SS=D	shall be replaced in Standards for the II Maintenance of Wa Systems (2011 Edit	ainted, or corroded sprinklers accordance with NFPA 25, aspection, Testing, and ater-Based Fire Protection tion) Maintenance and Testing	K 353	Please see atto	iched	
	Automatic sprinkler inspected, tested, a with NFPA 25, Stan Testing, and Mainta Protection Systems	Maintenance and Testing and standpipe systems are and maintained in accordance dard for the Inspection, aining of Water-based Fire a. Records of system design, ection and testing are		Please see atta Plan of Correct	Hon	
ORATORY	DIRECTOR'S OR PROVIE	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(>	K6) DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: TUZL21

Facility ID: TN1910

If continuation sheet Page 1 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED				
		445166	B. WING	-		06/	10/2019		
	PROVIDER OR SUPPLIER	HLAND PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205						
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K 353	maintained in a secandiable. a) Date sprinkler s b) Who provided s c) Water system s Provide in REMARK any non-required or system. 9.7.5, 9.7.7, 9.7.8, a This REQUIREMEN by: Based on observat maintain the sprinkl This deficiency affe compartments with residents and staff. The findings include 1. Observations on AM - 12:30 PM, rev following locations: A. 312 (closet) B. 309 (closet) C. 310 (closet) D. 315 (closet) E. 202 (closet) F. 211 (closet) F. 211 (closet) H. 212 (closet) J. 218 (closet) J. 218 (closet) NFPA 101, 19.3.5.1	system last checked system test system tes	K 3	53					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING 01 - MAIN BUILDING 01			COMPLETED	
		445166	B, WING			06/10/2019	
	NAME OF PROVIDER OR SUPPLIER THE HEALTH CENTER AT RICHLAND PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
K 353	Continued From pa	ge 2	К 3	53			
e e	AM - 12:00 PM, rev the following location A. 207 (bathroom) B. 214 (bathroom) C. PT Laundry (all) NFPA 101, 19.3.5.1 9.7.5 (2012 Edition)	06/10/2019 between 10:45 realed corroded sprinklers in ons: (2012 Edition), NFPA 101, NFPA 25, 5.2.1.1.1 (2011 5.2.1.1.2 (2011 Edition)	se				
	present when these and were later acknonference on 06/1	irector and administrator were deficiencies were identified, nowledged during the exit 0/2019. ht - Power Cords and Extens	K 9	120	Please see a Hac	ched	
	Extension Cords Power strips in a pa used for componen patient-care-related (PCREE) assemble by qualified personr 10.2.3.6. Power str may not be used for electronics), except rooms that do not u PCREE meet UL 13 strips for non-PCRE (outside of vicinity) is care rooms, power standards. All power precautions. Extens substitute for fixed v Extension cords use	electrical equipment is that have been assembled nel and meet the conditions of ips in the patient care vicinity in non-PCREE (e.g., personal in long-term care resident se PCREE. Power strips for 363A or UL 60601-1. Power see in the patient care rooms meet UL 1363. In non-patient strips meet other UL er strips are used with general sion cords are not used as a			Please see attace Plan of Correct	hion	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		445166	B. WING			06/	10/2019
	PROVIDER OR SUPPLIER	CHLAND PLACE		50	TREET ADDRESS, CITY, STATE, ZIP CODE 04 ELMINGTON AVENUE ASHVILLE, TN 37205	N:	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 920	which it was install 10.2.4. 10.2.3.6 (NFPA 99) (NFPA 70), 590.3 (I This REQUIREME by: Based on observa maintain the electron This deficiency affectompartments, with 105 residents and The findings included 1. Observations on AM - 11:45 AM, revolugged into UL 136 following locations: A. 304 B. 317 C. 316 (x3) S&C 14-46, NFPA 2. Observations on revealed an extension revealed an extension significant s	ed and meets the conditions of 0, 10.2.4 (NFPA 99), 400-8 D) (NFPA 70), TIA 12-5 NT is not met as evidenced tions, the facility failed to ical equipment. Sected 3 of 8 smoke in the potential to affect 13 of staff. ed: 06/10/2019 between 10:00 yealed personal equipment 63 A surge protectors in the equipment of a surge protectors of a surge protectors or documentation of being UL ing rooms:	KS	020			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION 5 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED				
		445166	B, WING		06/	10/2019		
	PROVIDER OR SUPPLIER ALTH CENTER AT RIC	HLAND PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205					
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K 920	Continued From page	ge 4	K 920					
		06/10/2019 at 11:45 AM, ig adapter in room 218. 012 Edition)		NO. TO SEE MARKS	ne se a			
	present when these	irector and administrator were deficiencies were identified, nowledged during the exit 0/2019.						

Plan of Correction: K 353 - Sprinkler System - Maintenance and Testing

What corrective action will be accomplished for those residents found to have been affected by the deficient practice?

Sprinklers in rooms 312, 309, 310, 315, 202, 211, 214, 212, 223, 218, 207 (bathroom), 214 (bathroom) and PT laundry have been replaced.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All Sprinkler heads were examined at time of annual survey.

What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?

Maintenance staff will conduct semi-annual sprinkler head checks to ensure none are leaking or corroded.

How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?

Maintenance Director or designee will report the semi-annual sprinkler head check to QA committee.

Completion Date: 7/09/2019

1919

<u>Plan of Correction: K 920 – Electrical Equipment – Power Cords</u> and Extension Cords

What corrective action will be accomplished for those residents found to have been affected by the deficient practice?

- 1. The surge protectors in rooms 304, 317, and 316 (x3) have been replaced with UL 1363 surge protectors.
- 2. The extension cords in rooms 306 and 326 have been removed.
- 3. The surge protectors in rooms 306, 311 (x2), and 316 have documentation showing they are UL 1363.
- 4. The multi plug adapter in room 218 has been replaced with a UL 1363 surge protector.

What corrective action will be accomplished for those residents found to have been affected by the deficient practice?

All rooms have been checked to ensure proper surge protectors are in place and that no extension cords or multi adapters are present in any patient rooms.

What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?

Maintenance Director or designee will audit patient rooms quarterly to ensure proper surge protectors are in place and that no extension cords or multi adapters are present in any patient rooms.

How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?

Maintenance Director or designee will report the quarterly room audit findings to the QA committee.

Completion Date: 7/09/2019

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PRINTED: 06/13/2019 FORM APPROVED OMB NO. 0938-0391

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445166	B. WING	B. WING			10/2019
	PROVIDER OR SUPPLIER	CHLAND PLACE		504	REET ADDRESS, CITY, STATE, ZIP CODE 4 ELMINGTON AVENUE ASHVILLE, TN 37205		
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E 000	conducted by the S of Health Division of Regulation Office of on 06/10/2019. Du Preparedness Surv Richland Place was compliance with the in Emergency Prep	paredness Survey was state of Tennessee Department of Health Licensure and of Health Care Facilities survey uring this Emergency vey, The Health Center @ so found in substantial erequirements for participation paredness Regulations for acilities, Federal CFR §483.73.	EC	000			
LABORATOR)	A DIDECTOR'S OR DROVIE	MER/SUPPLIER REPRESENTATIVE'S SIG	VATURE		TITLE		(X6) DATE

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Administrator